## STATE OF CALIFORNIA TRAVEL EXPENSE CLAIM See Instructions and \*Privacy STD. 262 (REV. 10/92) EF Statement On Reverse Side Page Pages CLAIMANT'S NAME SSAN OR EMPLOYEE NUMBER' DEPARTMENT George Valverde Motor Vehicles POSITION CB/ID NUMBER DIVISION OR BUREAU INDEX NUMBER Director 00 Executive RESIDENCE ADDRESS \* HEADQUARTERS ADDRESS TELEPHONE NUMBER 2415 First Avenue CITY STATE ZIP CODE CITY ZIP CODE STATE Sacramento CA 95818 (1) MONTH/YEAR TRANSPORTATION (6) (5) MEALS (9) 06/2010 (D) (B) LOCATION (A) (C) TOTAL O.T. L/T. BUSINESS PRIVATE CAR USE WHERE EXPENSES WERE INCURRED N/C, RELO. INCIDEN-CARFARE **EXPENSES** (2)**EXPENSE** LODGING BREAK-TYPE LUNCH COST OF OR TALS TOLLS FOR DAY FAST TRANS. USED MILES AMOUNT DATE TIME DINNER PARKING SC 8 1045 Simi Valley 88.00 10.00 18.00 116.00 a a 9 Oxnard/Sacramento 1747 6.00 10.00 6.00 SC 58.00 80.00 (10)SUBTOTALS 88.00 6.00 20.00 18.00 6.00 58.00 196.00 COLUMN CODE (ACCTG, USE ONLY) **CLAIM TOTAL** \$ 196.00 (11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) (12) NORMAL WORK HOURS 8: Met with staff at the Simi Valley field office to discuss issues impacting the department. 9: (13) PRIVATE VEHICLE LICENSE NUMBER Participated in the Oxnard Driver Safety open house (14) MILEAGE RATE CLAIMED AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER (15)I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage. (16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE CLAIMANT'S SIGNATURE

DATE

.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)